

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097718296 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		13				
6		10				
7	1					
8		1				
9		12				
10		10				
11		10				
12	1					
13		1				
14		10				
15	1					
16	1					
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50						
TOTAL IND.	6	1				
TOTAL DEP.	13	1	1	1	1	1
TOTAL CLMS	19	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS